

**MEDICARE RESIDENT, PRACTICING
PHYSICIAN, AND OTHER HEALTH CARE
PROFESSIONAL TRAINING PROGRAM**

(Insert Name of Organization)

(Insert Date of Course)

**PRE-ASSESSMENT
CHAPTER 1**

Directions

- Complete the Pre-Assessment when directed by the course facilitator.
- Mark your answers on the attached answer sheet.
- Please hand in your completed answer sheet prior to exiting today's session.

1. Part C of the Medicare Program is:

- A. Long term care insurance
- B. Medicare Advantage
- C. Disability insurance
- D. Medical insurance

2. The three groups of Medicare insured beneficiaries are End-Stage Renal Disease insured, aged insured, and disabled insured.

- A. True
- B. False

3. One provision of the Health Insurance Portability and Accountability Act of 1996 is the Medicare prescription drug benefit.

- A. True
- B. False

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**PRE-ASSESSMENT ANSWER SHEET
CHAPTER 1**

	A	B	C	D
1.	0	0	0	0
2.	0	0	0	0
3.	0	0	0	0

FACILITATORS:

Please make copies of completed Pre- and Post-Assessment answer sheets for your locked, confidential file and mail original answer sheets to:

**A. Palmer
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C4-11-27
Baltimore, MD 21244**

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**POST-ASSESSMENT
CHAPTER 1**

Directions

- Complete the Post-Assessment when directed by the course facilitator.
- Mark your answers on the attached answer sheet.
- Please hand in your completed answer sheet prior to exiting today's session.

1. Part C of the Medicare Program is:

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**POST-ASSESSMENT ANSWER SHEET
CHAPTER 1**

	A	B	C	D
1.	0	0	0	0
2.	0	0	0	0
3.	0	0	0	0

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